

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Jim R. Williams, Jr

Mailing Address PO Box 397

City

Minden

State

LA

Zip Code

71058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.7130

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 3025 Hawthorne

City

Athens

State

TN

Zip Code

37303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Regional Medical
Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.7121

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Beth Wright

Mailing Address 1064 Glover Hills Drive

City

Springfield

State

TN

Zip Code

37172

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals

Occupation
Director, Marketing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.7167

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)